

**Maine Summit on Sub-State Pandemic Influenza Preparedness  
Breakout Summaries**

**Aroostook**

<p style="text-align: center;"><b>WHO</b></p> <p style="text-align: center;"><b>Who should convene regional Pandemic Influenza planning?</b></p>	<p style="text-align: center;"><b>WHAT</b></p> <p style="text-align: center;"><b>What key issues need to be addressed?</b></p>	<p style="text-align: center;"><b>WHEN</b></p> <p style="text-align: center;"><b>What are immediate next steps needed to to develop a plan by June, 2006?</b></p>
<p><b>Aroostook Biological/Chemical / Infectious Disease Committee</b></p> <ul style="list-style-type: none"> <li>• Reconvene committee as next step</li> <li>• Recent Aroostook Biological/Chemical / Infectious Disease Committee meeting discussed issue; realized more need to attend but need to have rough plan first</li> <li>• Regional communities-drilling down the dynamics</li> <li>• Bring people along and define roles without creating panic</li> </ul> <p><b>Regional Definition for Sub-state planning/ Response</b></p> <ul style="list-style-type: none"> <li>• Region thing is confusing, so many exists now Every community has a hub- towns and cities that gather around these towns or cities</li> </ul> <p><b>EMS regional breakdown because due to lack of support etc. people cover these areas anyway</b></p> <ul style="list-style-type: none"> <li>• Need consistency in regions</li> <li>• Having regions around hospital service areas makes sense-this is how it works</li> <li>• Using RRC method would be more confusing; do not have a division of medical control. <ul style="list-style-type: none"> <li>- State is too big to divide into just 3 regions- conflicting roles as hospitals/trauma centers.</li> </ul> </li> </ul>	<p><b>Command and control regionally, locally- who is go to person in county</b></p> <ul style="list-style-type: none"> <li>• EMS will be placed into role of defining who is eligible for hospitalization</li> </ul> <p><b>Incorporate new planning into what already exists</b></p> <ul style="list-style-type: none"> <li>• Aroostook already has BT plan</li> </ul> <p><b>Communications</b></p> <ul style="list-style-type: none"> <li>• Rural issues, cell and satellite phones often do not work.</li> <li>• RRC has helped with obtaining some satellite phones</li> <li>• Need to assure that messages run both in and out</li> <li>• Utilize HAN to maximum extent</li> <li>• Getting info out to EMS, public and Hospitals including inter-facility and two way communications</li> <li>• How do we handle confidentiality issues</li> <li>• Communicating critical info</li> <li>• Use local channels and build around 6 PM news</li> <li>• Message needs to be consistent/coordinated</li> </ul>	<p><b>Reconvene Aroostook Biological/Chemical / Infectious Disease Committee (Action Item)</b></p> <ul style="list-style-type: none"> <li>• Define and Invite Key Stakeholders (I.e. Transportation, Law enforcement)</li> <li>• Determine how any planning funding will be decided and distributed should money be evenly distributed (money from the state because it is statewide)</li> <li>• Use consistent funding source but should not wait for state funding-Aroostook will not wait, see themselves as leaders.</li> <li>• Involve media and obtain airtime for public messages</li> <li>• Assure information flow from region to town groups and then back to region.</li> </ul>

<ul style="list-style-type: none"> <li>- RRC has helped with equipment purchase and Distribution. Level out distribution allowing equality and fairness</li> <li>- Interagency communications-strengthen all Levels Aroostook feels that they have not been treated equally</li> </ul> <p><b>Who needs to be involved?</b></p> <ul style="list-style-type: none"> <li>• Aroostook views themselves as more self sufficient-shop and store for longer period of time</li> <li>• Members of the business community-will need to be involved to allow for good response</li> <li>• Town official levels with well defined roles</li> <li>• Statewide meetings of providers, ie DOT</li> <li>• Difficult to have all towns represented-some 61 towns in county</li> <li>• Local Emergency Management</li> <li>• Healthy Maine Partnership</li> <li>• Local media (Important to make public know that work is being done and they can have confidence and trust)</li> <li>• State liaison</li> <li>• Senior Citizen representative/advocate</li> </ul>	<ul style="list-style-type: none"> <li>• Use KISS (keep it simple stupid) method in public messaging</li> <li>• MeCDC has failures around Communication related to flu vaccine distribution. Mixed messages and poor handling.</li> </ul> <p><b>Engage Key Stakeholders</b></p> <ul style="list-style-type: none"> <li>• Ratchet up awareness and involvement</li> <li>• Getting the right people involved and to the table-who can get the word out to involve them</li> <li>• Finding un-tapped resources</li> <li>• Timing of getting people involved and engaging them early on</li> <li>• Involving the local leaders, town manager, local health officers</li> <li>• 31 healthy Maine partnerships are out there and can get info to local partners</li> <li>• Have network in place but people do not know it or key players - not enough in house education</li> </ul> <p><b>Define Pan Flu Planning / Response Components</b></p> <ul style="list-style-type: none"> <li>• Involve local people but define roles and offer education</li> <li>• Providing appropriate respiratory protection equipment</li> <li>• Issues of containment</li> <li>• Isolation due to broad state-becoming self sufficient</li> <li>• Assisting educating the public about signs of disease and ways to manage, when to go to the hospital</li> </ul>	
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